



2014-2015 Pharmacy Residency Application PGY2 Programs

PGY2 Applicant Name:

First _____ *Last* _____ *MI* _____

E-mail Address 1: _____ E-mail Address 2: _____
(PLEASE PRINT CLEARLY)

Current Mobile Number: _____

To which program are you applying?

☐ Ambulatory Care ☐ Geriatrics ☐ Palliative Care/Pain Management

Below, rank the dates you will be available for an on-site interview for the PGY2 program (1 = first choice, etc). Date preferences will be considered on a first come, first served, basis. You will be contacted once your application packet has been reviewed.

____ Monday, January 27, 2014 ____ Wednesday, January 29, 2014

Checklist

All materials must be uploaded to PhORCAS by Friday, January 3, 2014.

- * Completed application form (available from our website)
- * Current curriculum vitae
- * Official transcript from a U.S. accredited pharmacy program
- * Letter of intent addressed to the appropriate Residency Program Director describing your experiences, professional goals and reasons you are seeking a residency at CAVHS
- * Proof of U.S. Citizenship (i.e. copy of birth certificate, passport, or social security card)
- * Three letters of recommendation using the ASHP recommendation form

By signing below, the applicant acknowledges that:

I understand candidates will be informed of interview dates on or after January 10, 2014.

I will be available for an on-site interview.

I will be available to begin the program on a date agreed upon with the RPD after completion of a PGY1 program.

I am a licensed pharmacist in the United States.

I certify that all information in the application material is complete and accurate to the best of my knowledge.

I will contact CAVHS immediately if there is a change in my availability as stated above.

Applicant Signature: _____ Date: _____

For further information, see our website at <http://www.littlerock.va.gov/services/pharmacy/residency.asp>. If you have any questions regarding the residency program, e-mail Kelly Thomas at Kelly.thomas@va.gov.